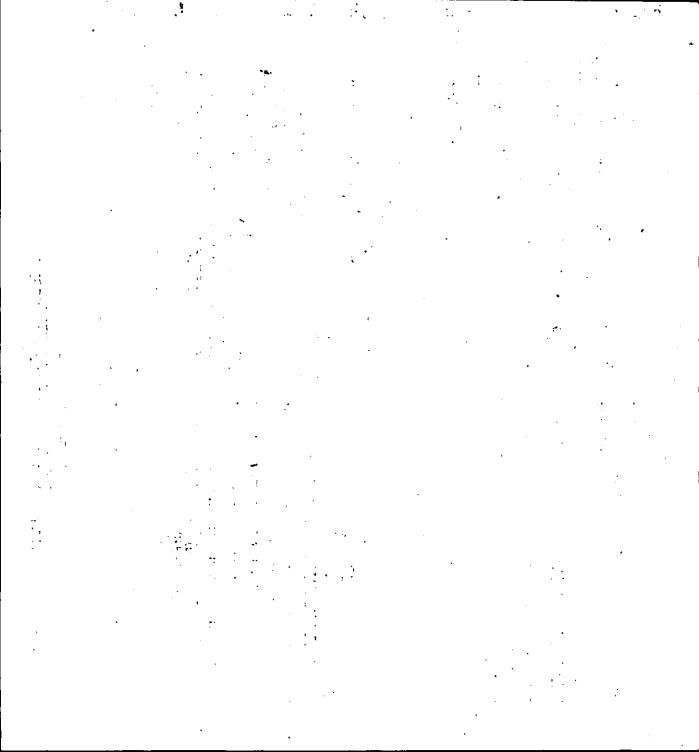
Do not use this space. MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS und be stated EAACLLY, PHYSICIAINS should state Exact statement of OCCUPATION is very important CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No...... Primary Registration District No.. Registered No..... (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR 3. SEX COLOR QR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19 3 3 DIVORCED (write the word) HEREBY CERTIFY, That I attended deceased from SA. 4F MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF to have occurred on the date stated above, at 67./5% m. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: classified. 7. AGE DAYS YEARS MONTHS day,hrs: 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at Total time (years), this occupation (month and spent in this occupation. Other contributory causes of importance: BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) USE OF DEATH in plain terms, What test confirmed diagnosis? Mucho C 14. BIRTHPLACE (CITY OR TOWN). 0 (STATE OR COUNTRY) And death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur? (Specify city or town, county, and State) BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?... If so, specify... (Signed) Registrar.



	MIS	BUREAU OF V	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH	ALL Information Call For Must be Written This supplementary.
1	1. PLACE OF DEATH County Registration Distri Township Primary Registratic City No. (No. 1)		on District No. 30 /3	File No
	(a) Residence, No	red yrs. mos.		resident, give city or town and State) eign birth? yrs. mes.
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (CD) WIEF OF		21. DATE OF DEATH (MONTH, DAY, AND YEAR) 22. I HEREBY CERTIFY, That attended deceased to the state of the st	
∭ —	(OR) WIFE OF		I last saw h alive of	, 19 Death i
7. A	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	YS If LESS than 1 day,hrs. ormin.	The principal cause of death and rel	ated entries of importance were as fol
OCCUPATI	9. Industry or business in which work was done, as silk mill, saw mill, bank, otc 10. Date deceased last worked at this occupation (month and year) spent in this occupation.		Other contributory causes of important	vary /A
	2. BIRTHPLACE (CITY OR TOWN)		& by Meyer	of Berlin
H H	13. NAME		Name of operation	Date of
FATH	14. BIRTHPLACE (CITY OR TOWN)		What test confirmed diagnosis?	Was there an autopsy?
딸.	E I I MAIDEN NAME		Accident, suicide, or homicide?	es (violence), fill in also the following: Date of injury
			Where did injury occur?	
II	INFORMANT (ADDRESS)		Manner of injury	other Erde
18. [BURIAL, CREMATION, OR REMOVAL DATE		Nature of injury	<u> </u>
19, L	PLACE DATE UNDERTAKER (ADDRESS)		If so, specify	Rave uson
	FILED 19 DAWBON	4500	(Signed) (Address)	

Arhenoblototoma (meaning to make clear a emale) ar proposed by he Meyer of Berli, Seimeny, to cover the interesting group of masculininging tumors of the overy. Nort murbury 26 a the literature The trem or on recurrence takes on the character of a long cells accomo. HernRaver way. Classification of the Arrhenobasto of the ovary proposed by Mey, of Birlin, Germany

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